



KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

APRIL 18, 2018 MEETING



Welcome Approval of Minutes

DENNIS COOLEY, MD, CHAIR



Help Me Grow KS

IMPLEMENTATION UPDATE

JESSICA LOOZE, PHD, KU-CPPR

Help Me Grow Kansas



An Affiliate of the National Network



Vision

Kansas families have equitable access to seamless, comprehensive screenings, supports and services that ensure the wellbeing and lifelong success of all Kansas children

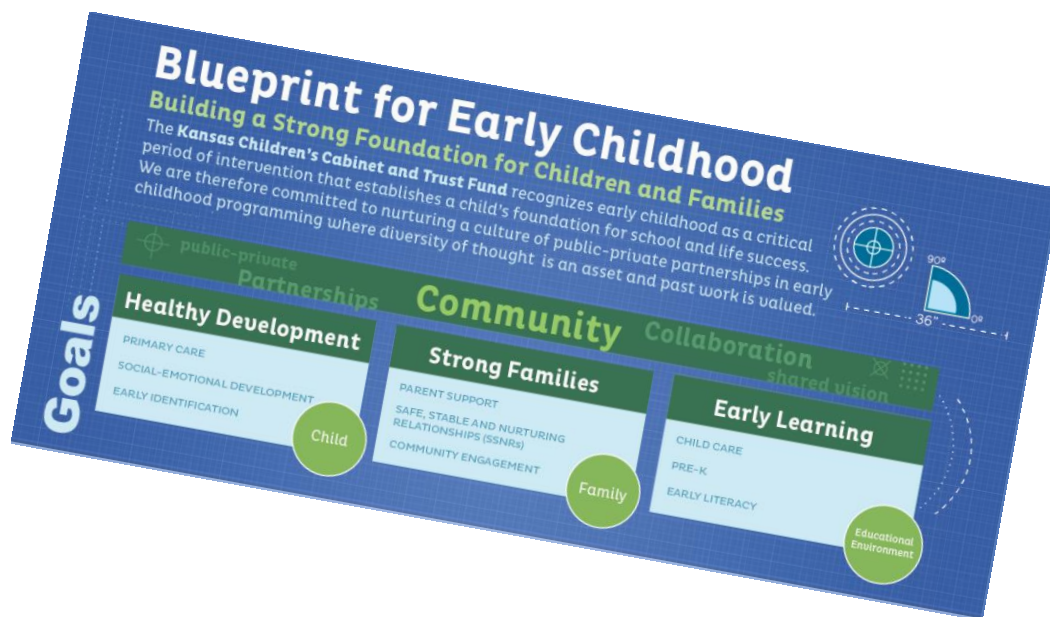
The Help Me Grow Model

- Framework for collective impact
- Builds on existing resources
- Enhances early childhood systems across communities

Early Childhood Systems Building Across Kansas: Aligning Efforts



Alignment with Kansas's Vision





Early Childhood Systems Building

Engaging and educating families around children's developmental health

How Exciting! _____ is **3** years old!

What Most Children Do at this Age...

SOCIAL / EMOTIONAL

SEPARATES easily from mom and dad

Takes turns in games

LANGUAGE / COMMUNICATION

TALKS well enough for strangers to understand most of the time

Says first name and age

COGNITIVE (LEARNING, THINKING)

Turns book pages one at a time

Does **PUZZLES** with 3 or 4 pieces

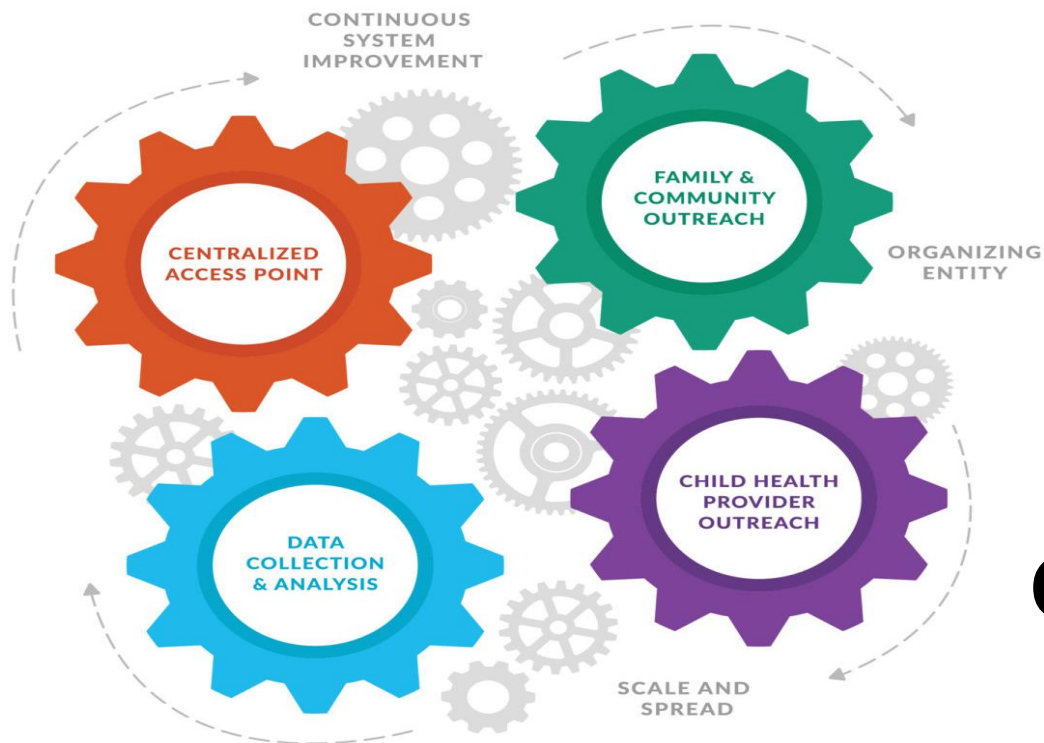
Turns door handle

MOVEMENT / PHYSICAL DEVELOPMENT

RUNS and **CLIMBS** easily

Pedals a tricycle

Walks up and down stairs, one foot on each step



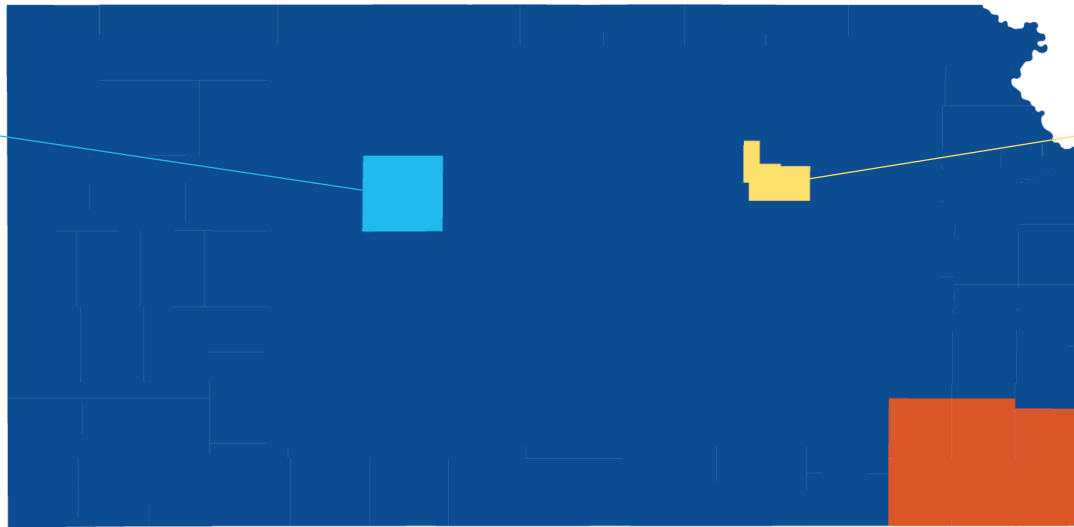
Help Me Grow Core Components



Initial Help Me Grow Communities



Ellis County



Geary County

SE Kansas





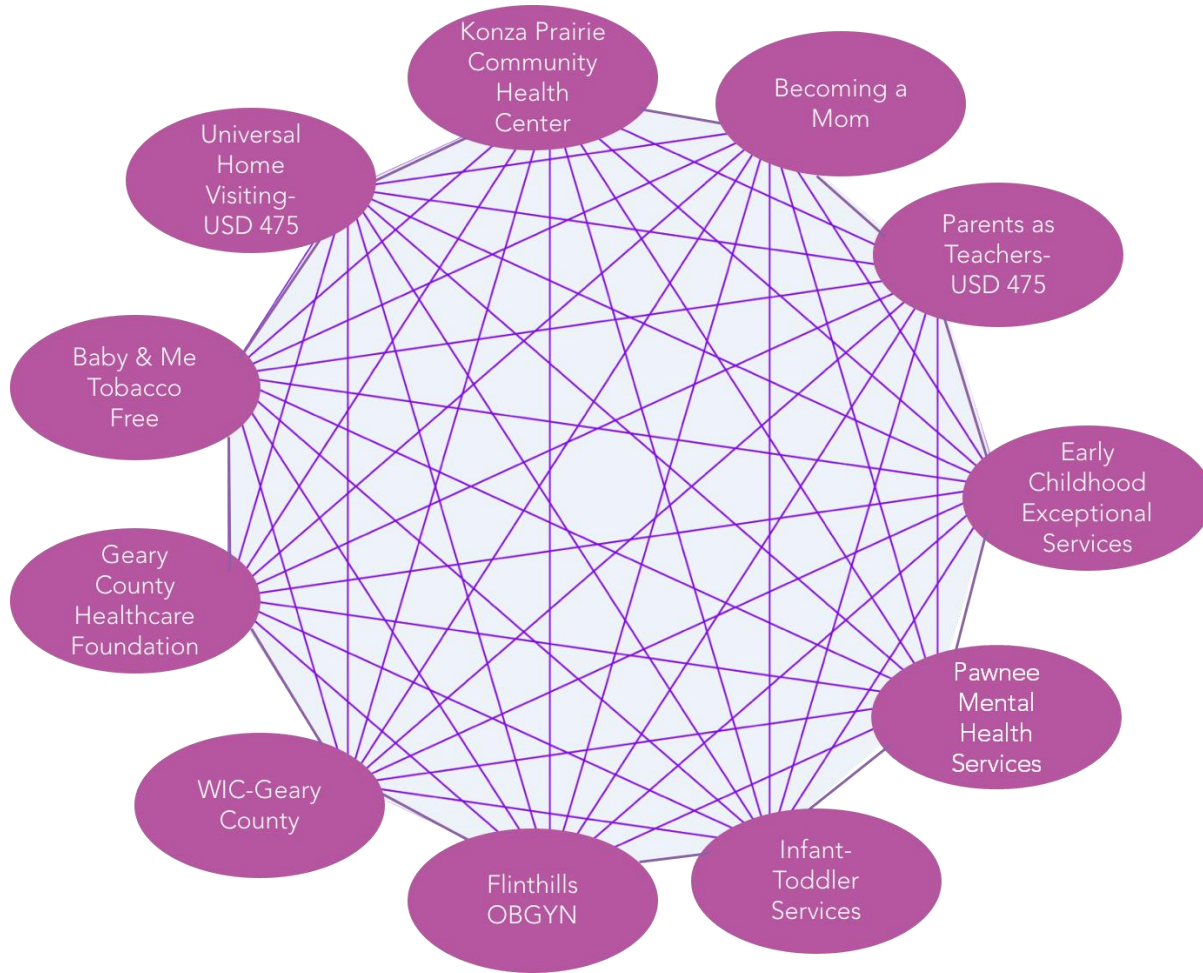
IRIS

Connectin g Families

Integrated Referral & Intake System

A web-based communication tool designed to help organizations connect the families they serve to needed resources in their community

connectwithiris.org



Child Health Care Provider Outreach

**Identify a physician
champion(s)**

**Targeted outreach to child
health care providers**

**Advance rates of developmental
surveillance and screening**

**Close the feedback loop with
physicians**

Thank You!

Jessica Looze, Ph.D.

jlooze@ku.edu

Heather Smith, MPH

Heather.Smith@ks.gov





School Partnerships

JASON WESCO, COMMUNITY HEALTH CENTER OF
SOUTHEAST KANSAS



Maternal and Child Health Council

School-Based Health Services



jwesco@chcsek.org / 620-240-5076

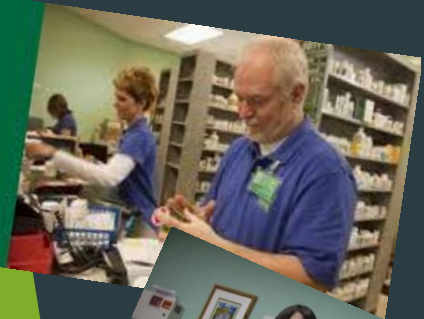
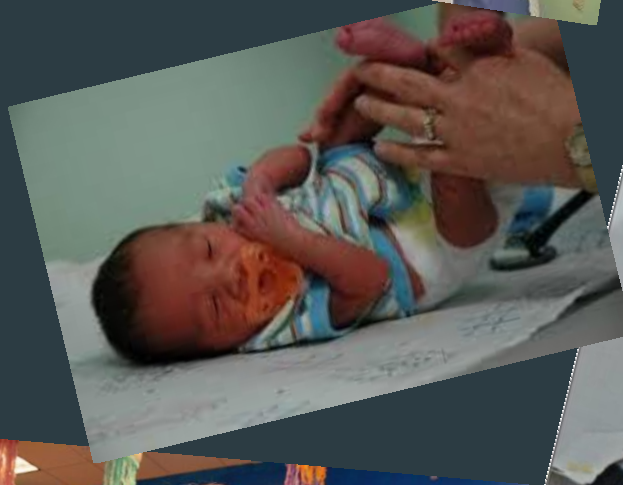
Why: History, Mission, Vision

The
Center



What: Services

- ▶ Medical
- ▶ Dental
- ▶ Behavioral Health
- ▶ Pharmacy
- ▶ Education/Outreach
- ▶ School Health

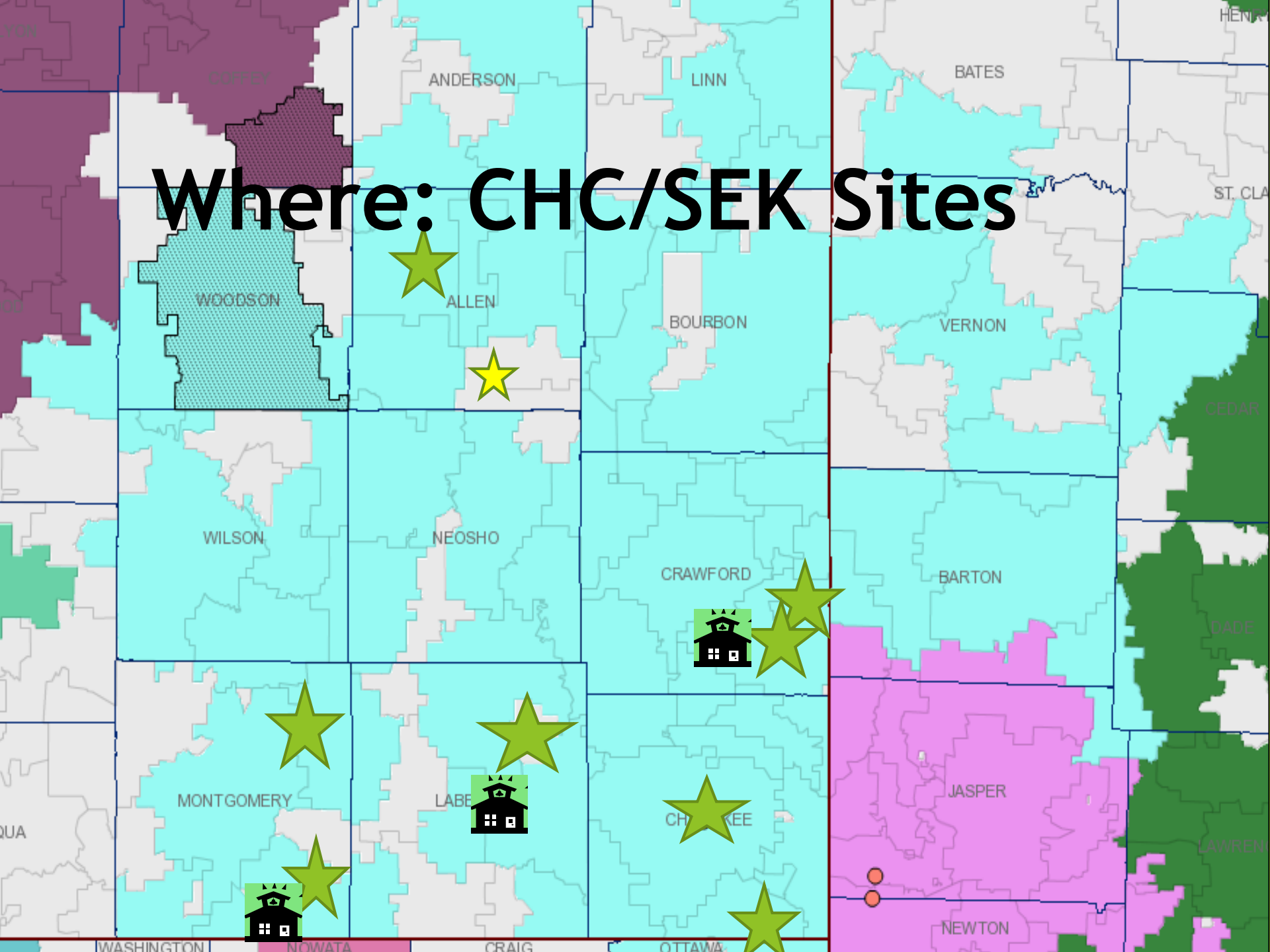


What: School Health

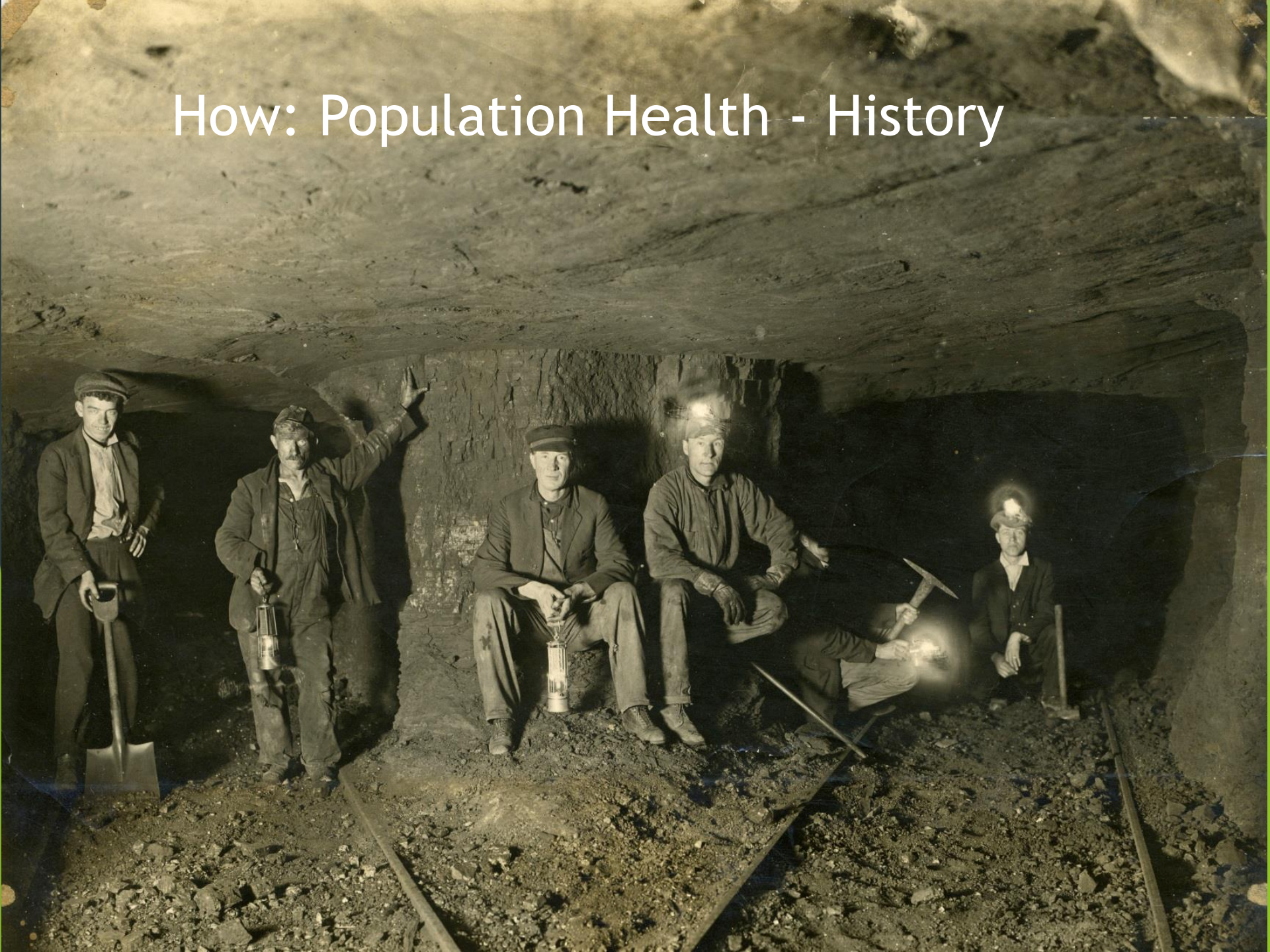
- ▶ Dental Outreach - 38 Districts
- ▶ Medical Services (on-site) - 2 Districts
- ▶ Medical Services (outreach) - 3 Districts
- ▶ Behavioral Health - 3 Districts
- ▶ School Nursing - 3 Districts



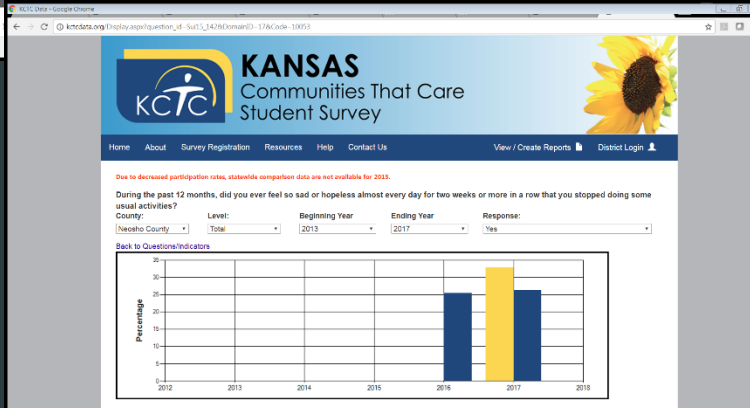
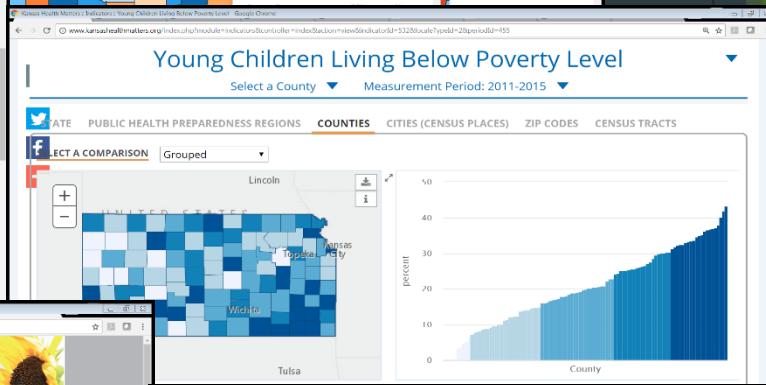
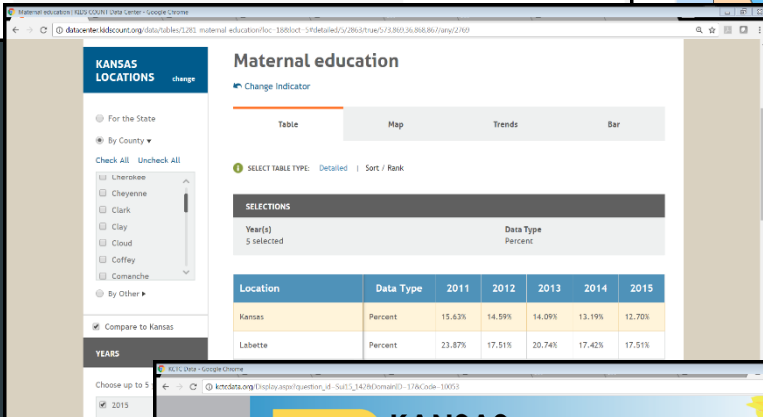
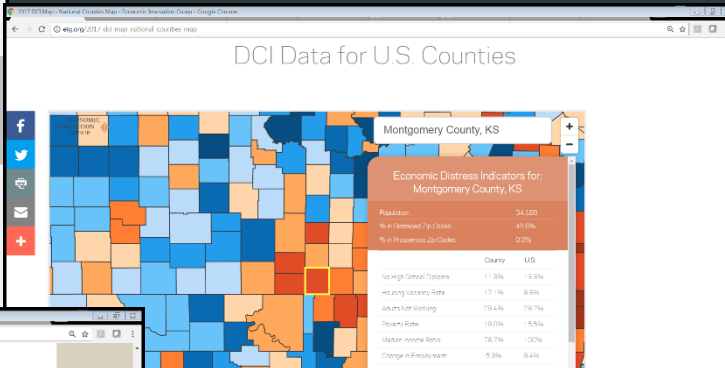
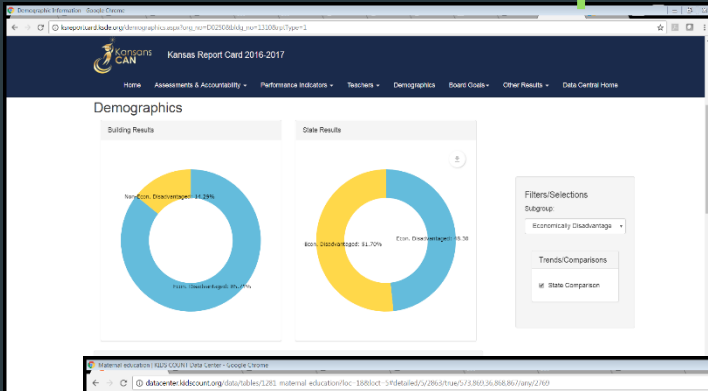
Where: CHC/SEK Sites



How: Population Health - History



How: Population Health - Data



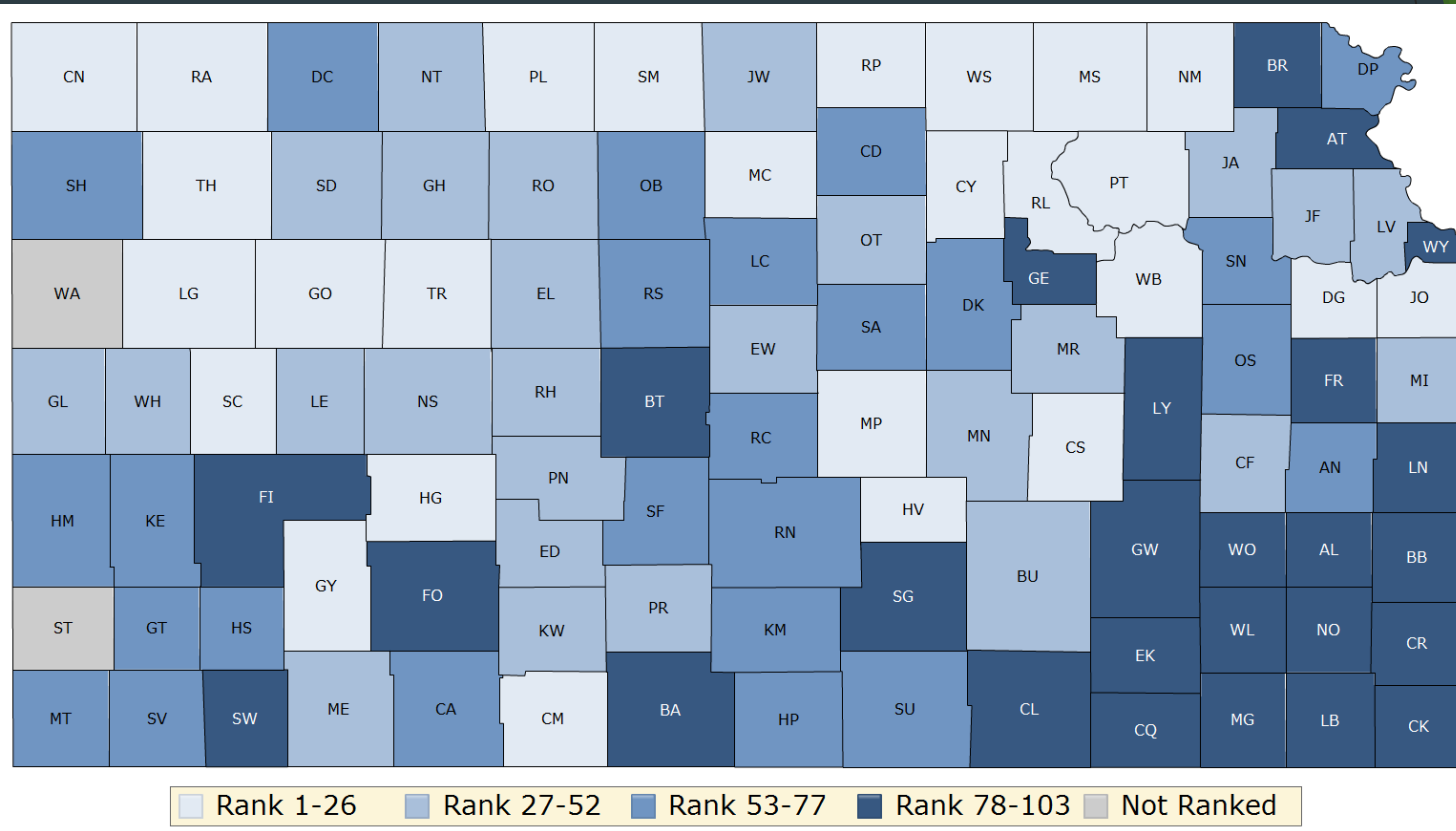
Kansas
Department for Children and Families
Prevention and Protection Services

SFY2017 Children in Out of Home Placement (OOHP) by County on June 30, 2017

County	Child Population	Child Pop as % of State	# Children in Poverty	Children in Poverty as % of State	Children in OOHP	Children in OOHP as % of State
Allen	3,072	0.4%	736	0.6%	85	1.2%
Anderson	1,997	0.3%	382	0.3%	4	0.1%
Atchison	3,346	0.5%	807	0.7%	55	0.8%
Barber	1,080	0.1%	187	0.2%	14	0.2%
Barton	6,717	0.9%	1,298	1.1%	135	1.9%
Bourbon	3,737	0.5%	978	0.8%	82	1.1%
Brown	2,476	0.3%	558	0.5%	96	1.3%
Butler	17,303	2.4%	2,173	1.8%	166	2.3%
Clatsop	616	0.1%	92	0.1%	5	0.1%
Chautauque	731	0.1%	173	0.1%	7	0.1%
Cherokee	5,121	0.7%	1,346	1.1%	66	0.9%
Cheyenne	562	0.1%	106	0.1%	4	0.1%
Clark	505	0.1%	81	0.1%	3	0.0%
Clay	2,062	0.3%	329	0.3%	19	0.3%
Cloud	1,983	0.3%	365	0.3%	31	0.4%
Coffey	1,931	0.3%	226	0.2%	11	0.2%
Comanche	502	0.1%	66	0.1%	7	0.1%
Cowley	8,684	1.2%	1,722	1.5%	142	2.0%
Crawford	8,531	1.2%	2,038	1.7%	202	2.8%
Franklin	4,640	0.6%	1,144	1.0%	64	0.9%

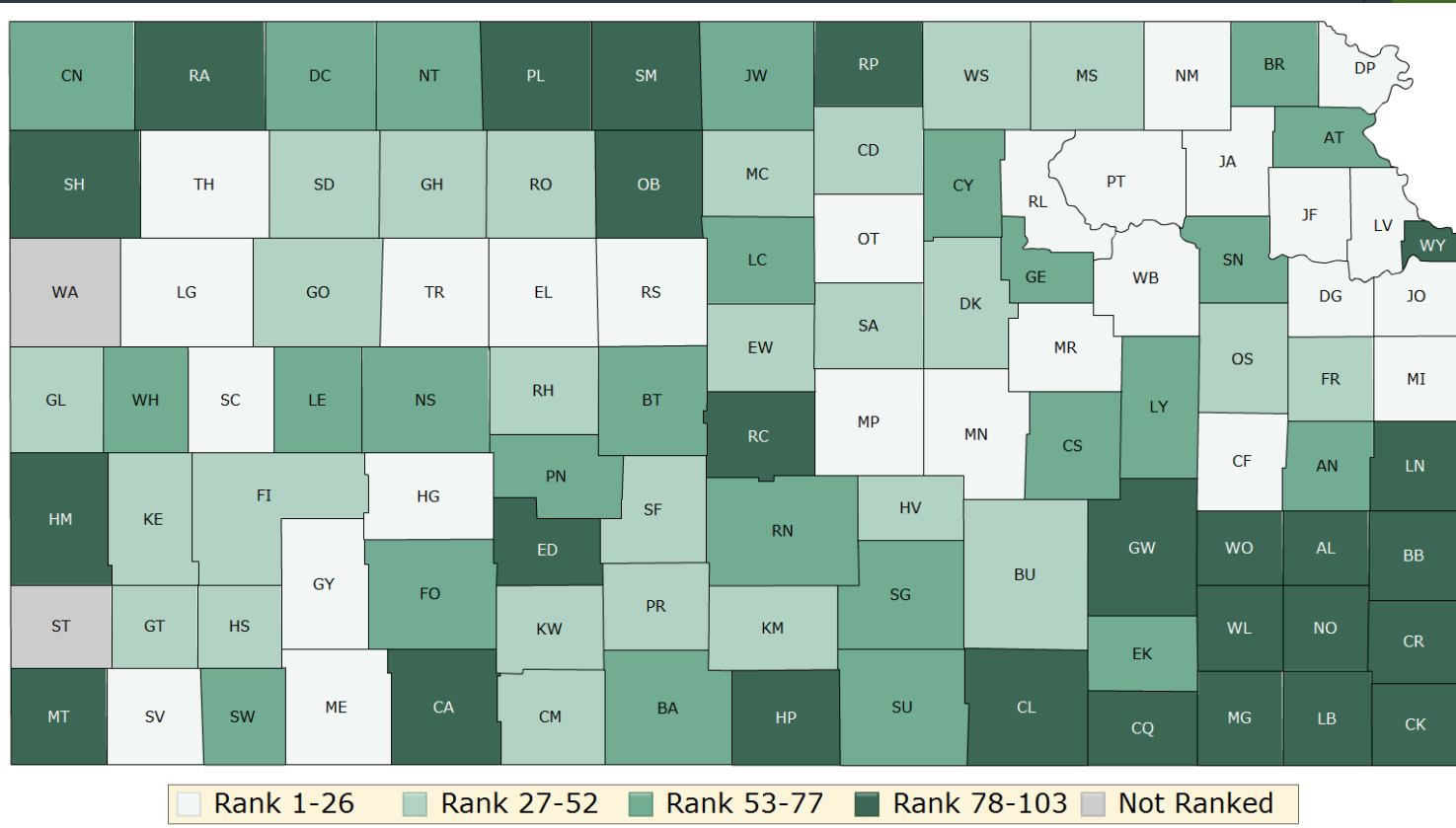
How: Population Health - Data

2017 Health Factors



How: Population Health - Data

2017 Health Outcomes



USD 445 - Coffeyville



USD 250 - Pittsburg



USD 506 - Labette





Lessons
Learned



Who (this is all for):





Title V MCH Block Grant Guidance Revisions & Application Updates

RACHEL SISSON & HEATHER SMITH, KDHE

BG Guidance Changes

- Cross-cutting is now optional but Kansas will retain the domain with objectives and SPMs that apply
- NPMs previously tied to the Cross-cutting domain have been moved to align with one of the five remaining domains
 - **Oral Health (W/M, C, A)**
 - KS didn't select but there are objectives in the work plan aligned mostly with child health
 - **Smoking (W/M, C, A)**
 - KS objectives align with women/maternal health

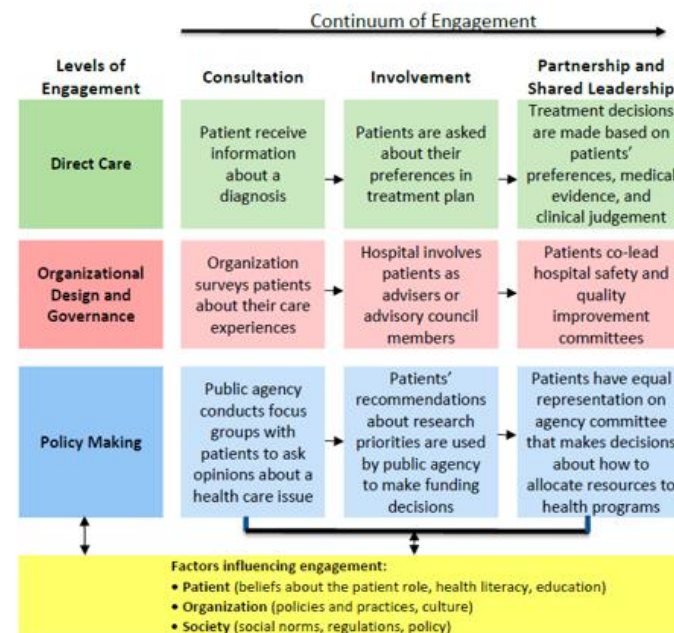
Overview of Updates to the MCH Block Grant Guidance

2015 Application/Annual Report Guidance	2018 Application/Annual Report Guidance
<p>Performance Measure Framework:</p> <p>States select 8 of 15 NPMs (one NPM for 6 domains). States establish 3-5 SPMs to address MCH priority needs not addressed by the selected NPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM (no change).</p> <p>NPM 6 related to developmental screening includes the age range of 10-71 months.</p> <p>MCH Population Domains:</p> <p>15 NPMs across 6 domains (five MCH population domains and one Cross-Cutting/Life Course Domain).</p>	<p>Performance Measure Framework:</p> <p>States select 5 of 15 NPMs (one NPM for 5 domains). States have the option to retire 3 with rationale.</p> <p>States are not required to establish a minimum or maximum number of SPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM (no change).</p> <p>NPM 6 related to developmental screening includes the modified age range of 9-35 months.</p> <p>MCH Population Domains:</p> <p>15 NPMs across 5 domains (Cross-Cutting/Life course Domain eliminated). Measures previously tied to this domain were moved into 1 or more of the 5 domains (W/M, P/I, Child, Adolescent, CSHCN).</p> <p>Addition of optional 6th domain (Cross-Cutting/Systems Building) to reflect state priority needs around infrastructure/systems building.</p>
<p>State Action Plan:</p> <p>Focus on implementation of evidence-based and informed strategies/measures.</p> <p>Narrative discussion organized by the 6 MCH domains, with an added section for discussing other programmatic activities (e.g., MCH workforce and family/consumer partnership).</p> <p>Increased emphasis on the importance of family/consumer partnership (narrative discussions primarily included in CSHCN domain and in the "Other Programmatic Activities" sections).</p> <p>Dedicated section for narrative discussion of States' systems of care to address the needs of CSHCN.</p> <p>Reduced burden for States in applying for MCH Block Grant funds and in submitting the legislatively required Annual Report.</p>	<p>State Action Plan:</p> <p>Continued focus on implementation of evidence-based and informed strategies/measures, with addition of enhanced definition of "evidence-base" and state examples. Checklists, tools, and resources available.</p> <p>Narrative discussion organized by 5 MCH population domains and a 6th optional domain, with an added framework and overarching program strategies.</p> <p>Clearer reporting expectations outlined for State Title V reporting on family-centered care and partnership (e.g., specific program activities, impact of family partnerships on all sectors of the MCH population; and demonstrated value in improving MCH outcomes).</p> <p>Narrative discussion for CSHCN strengthened to include added specificity about components of a State's system of services and the impacts achieved.</p> <p>Continued reductions in State Application/Annual Report burden through streamlined narrative reporting, clearer descriptions of expected content, refined instructions for completing data reporting forms and improved functionality (e.g., Word Upload capability) in the data entry component of the TVIS.</p>

BG Guidance Changes cont.

Title V MCH Services Block Grant National Performance Measures	
No.	National Performance Measure
1	Percent of women, ages 18 through 44, with a preventive medical visit in the past year
2	Percent of cesarean deliveries among low-risk first births
3	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
4	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
5	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding
6	Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
7	7.1 Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9; and 7.2 Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
8	8.1 Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day; and 8.2 Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day
9	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
10	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
11	Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
12	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
13	13.1 Percent of women who had a dental visit during pregnancy; and 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
14	14.1 Percent of women who smoke during pregnancy; and 14.2 Percent of children, ages 0 through 17, who live in households where someone smokes
15	Percent of children, ages 0 through 17, who are continuously and adequately insured

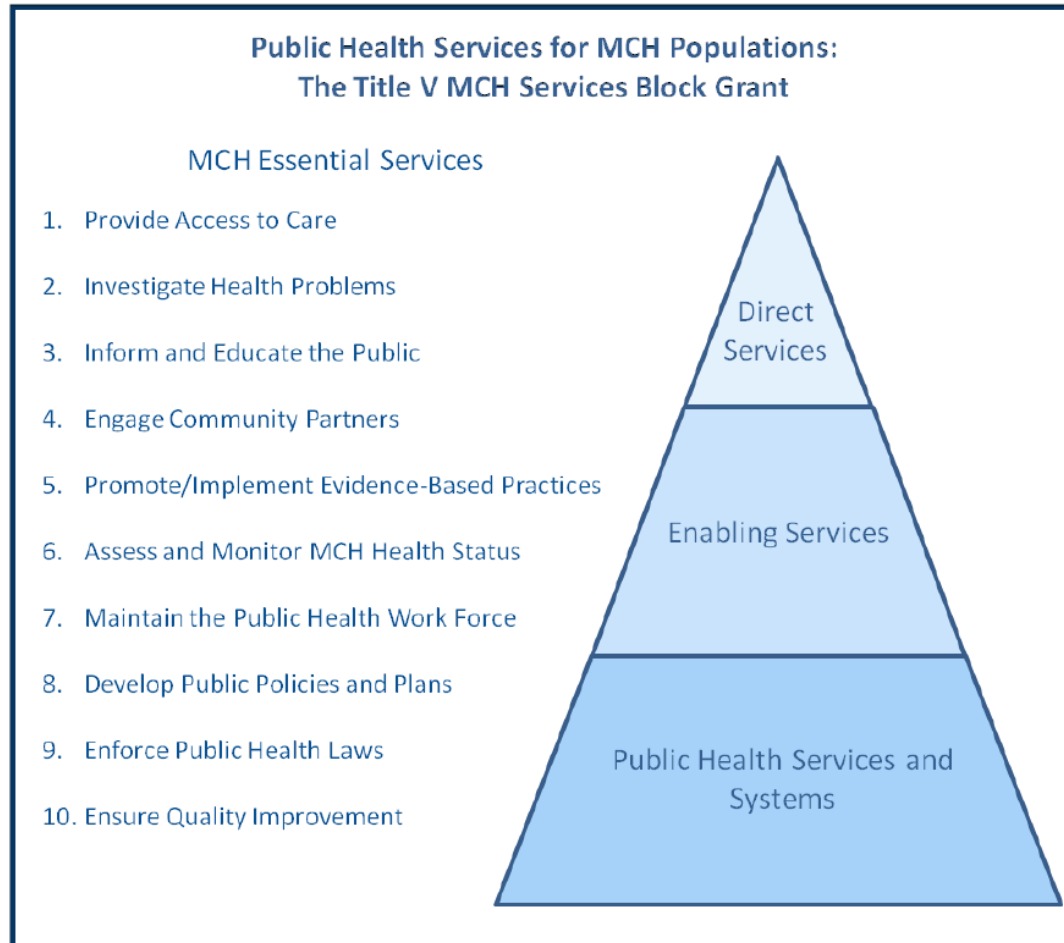
A Multidimensional Framework for Patient and Family Engagement in Health and Health Care



³ Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., Sweeney, J. Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs. 2013; 32:223-231

⁴ Ibid

Title V Framework: No Change



FFY2019 Title V MCH Block Grant

- Release/Writing: April 2-May 11
- **Public input period: June 4-June 22**
- 2019 Application/2017 Report Due: July 15
- Action Plan Updates: July-August (interim year)
 - *KS MCH Council Review at July Meeting*
- Federal Title V Block Grant Review: August 8
- Application & Annual Report Re-submit: September 2018
- Final publications and resources available by October 2018
- Access: www.kdheks.gov/bfh or www.kansasmch.org

Public input – June 4, 2018

Kansas Maternal & Child Health Partner

We need your feedback!



As part of the annual Title V Maternal & Child Health (MCH) Services Block Grant program, Kansas is required to provide a federal report and application available to the public for the purpose of gathering input. The purpose of this survey is to collect information, opinions, and perspectives from consumers and partners across the state who are informed of and concerned about the needs of the MCH population, established services and resources, and existing factors that affect the implementation of policy and programs. Find more information about the program online at: www.kdheks.gov/bfh or www.kansasmch.org.

Your input is very important to us and will be kept strictly confidential.

<https://www.surveymonkey.com/r/9NWNT2H>

The survey will open for public input on June 4 and close on June 22, 2018. Please respond so your input can be included in our annual Block Grant Application. Thank you for your comments!

Published Links/Documents



Kansas
Department of Health and Environment

AD ASTRA PER ASPERA

Sam Brownback, Governor
Susan Mosier, MD, Secretary

Home Public Health Environment Health Care Finance Laboratories News

Bureau of Family Health (BFH)

Family Health

A to Z Topic Listing

Rachel Sisson, Director
Phone: (785) 291-3368 Toll Free: 1-800-332-6262

1000 SW Jackson, Suite 220
Topeka, Kansas 66612-1274

Mission: Provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Child Care Licensing

- Child Care Licensing Paper Applications and Forms
- Child Care Licensing Regulation Books
- Search for Licensed Child Care Program Inspection Results
- Submit a Child Care Licensing Application Online

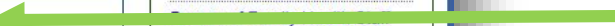
Children & Families

- Maternal and Child Health Block Grant
- Perinatal Community Collaboratives
- Child and Adolescent Health Services
- School Health Resources
- Reproductive Health and Family Planning

Links

- 2020 MCH Statewide Needs Assessment
- Adolescent Health Needs Assessment
- 2018 Maternal & Child Health (MCH) Block Grant Application
- 2014 MCH Biennial Summary
- Life Course Indicators Report
- Preconception Health Report
- Directory
- Child/Adult Care Food Program
- Child Care Aware of KS
- Child Care Licensing County Contacts

<http://www.kdheks.gov/bfh>





KANSAS MATERNAL & CHILD HEALTH | TITLE V MATERNAL & CHILD HEALTH
5-YEAR STATE ACTION PLAN

FY 2016



MCH DOMAINS



KANSAS MATERNAL & CHILD HEALTH | TITLE V MATERNAL & CHILD HEALTH
5-YEAR STATE ACTION PLAN

FY 2016



PRIORITY 3
CHILD HEALTH

Developmentally appropriate care and services are provided across the lifespan

OBJECTIVE 3.1



Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.

OBJECTIVE 3.2



Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.

OBJECTIVE 3.3

Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.

OBJECTIVE 3.4

Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.

OBJECTIVE 3.5

Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.

OBJECTIVE 3.6



Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.

NPM Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)

SPM Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day

ESM Percent of parents of child program participants that received education on child development and developmental screening

NPM Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)

ESM Percent of program participants receiving car seat and/or booster seat safety education during an MCH visit

KS Title V MCH Snapshot



HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

KANSAS

State Snapshot

FY 2018 Application / FY 2016 Annual Report

November 2017

KANSAS TITLE V STATE SNAPSHOT | FY 2018 Application / FY 2016 Annual Report

Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2016 Expenditures	%
Pregnant Women	40,463	\$2,354,428	19.4%
Infants < 1 Year	40,132	\$2,354,426	19.4%
Children 1-22 Years	851,797	\$3,774,083	31.1%
C/SHCN	137,336	\$3,666,097	30.2%
Others *	420,494	\$0	0.0%
Total	1,490,222	\$12,149,034	100%

FY 2016 Expenditures



FY 2016 Individuals Served



*Others- Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	2,504
State Title V Social Media Hits:	170
State MCH Toll-Free Calls:	973
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

<http://https://mchb.tvisdata.hrsa.gov/>

Kansas MCH Facebook Page



The screenshot shows the Facebook profile for Kansas Maternal & Child Health. The cover photo features a collage of images: a woman holding a crying baby, a woman kissing a baby on the cheek, a child on a bicycle, a child in a wheelchair, and a group of people walking in a hallway. The profile picture is the organization's logo. The name 'Kansas Maternal & Child Health' is displayed above the word 'Organization'. Navigation tabs for 'Timeline', 'About', 'Photos', 'Likes', and 'Videos' are visible. On the left, there are options to 'Like' (10 people), 'Open Always', and 'Invite friends'. The main content area shows a post from the organization dated 6 hours ago, with the text 'Priority #7 of the 8 Priorities for Kansas Maternal and Child Health. For the'. A blue box at the bottom right of the page indicates '2016 - 2020 Priorities'.

<http://www.facebook.com/kansasmch>

State Action Plan Revisions



Title V Maternal & Child Health State Action Plan

Period: 2016-2020

PRIORITY 1: Women have access to and receive coordinated, comprehensive services before, during and after pregnancy
(Domain: Women & Maternal)

NPM 1: Well-woman visit (Percent of women with a past year preventive medical visit)
 o **ESM:** Percent of women program participants that received education on the importance of a well-woman visit in the past year
NPM 14: ~~Smoking during Pregnancy and Household Smoking (Percent of women who smoke during pregnancy; Percent of children who live in households where someone smokes)~~
 o ~~ESM: Percent of women program participants who smoke referred to the Tobacco Quitline and enrolled/accepted services~~
SPM 1: Percent of preterm births (<37 weeks gestation)
~~MISSING~~
~~MMR~~
~~NAS and VON efforts~~
~~OKQ and LARC – where do these go in the plan?~~

OBJECTIVE 1.1: Increase the proportion of women receiving a well-woman visit annually.

~~**OBJECTIVE 1.2:** Increase the number of completed referrals for services in response to prenatal/postnatal risk screening at every visit by 2020.~~

OBJECTIVE 1.3: Increase the number of established perinatal community collaboratives (utilizing the March of Dimes Becoming a Mom® (BAM) prenatal education curriculum) by at least 5 annually by 2020.

OBJECTIVE 1.4: Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018 and increase annually thereafter.

~~**OBJECTIVE 1.5:** Decrease non-medically indicated early elective deliveries births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5% by 2020.~~

~~**OBJECTIVE 6.1:** Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020.~~

~~**OBJECTIVE 6.2:** Increase abstinence from cigarette smoking among pregnant women to 90% by 2020.~~

~~MMR objectives related to PQC~~

PRIORITY 2: Services and supports promote healthy family functioning (Domain: Cross-cutting/Life course)



Lunch & Networking



Domain Group Work

TASK 1: MCH-MCO PARTNERSHIPS

TASK 2: REVIEW TITLE V MCH STATE ACTION PLAN

Domain Group Assignments

STAFF SUPPORT BY DOMAIN GROUP

Women/Maternal: Sarah Fischer & Diane Daldrup

Perinatal/Infant: Carrie Akin & Jenny Taylor

Child: Kayzy Bigler & Connie Satzler

Adolescent: Kelli Mark & Tamara Jones

Domain Group Work

Task 1 (30 min): MCH-MCO Partnership Progress/Next Steps

Task 2 (60 min): Review Title V Priorities & State Action Plan

1. What measures and objectives in the plan ***should absolutely be kept*** for 2018-2019?
2. What measures and objectives are ***completely missing*** from the plan that should be included for 2018-2019?
3. What measures and objectives in the plan ***should be removed/replaced*** for 2018-2019?

Ground Rules

1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture “side” topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.

Women/Maternal Report

- What should absolutely be kept?
- What should be removed/replaced?
- What is completely missing?

Priority 1: Women have access to and receive coordinated, comprehensive services before, during, and after pregnancy.

Perinatal/Infant Report

- What should absolutely be kept?
- What should be removed/replaced?
- What is completely missing?

Priority 4: Families are empowered to make educated choices about infant health and well-being?

Child Health Report

- What should absolutely be kept?
- What should be removed/replaced?
- What is completely missing?

Priority 3: Developmentally appropriate care and services are provided across the lifespan

Priority 7: Services are comprehensive and coordinated across systems and providers

Priority 2: Services and supports promote healthy family functioning

Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations

Adolescent Health Report

- What should absolutely be kept?
- What should be removed/replaced?
- What is completely missing?

Priority 5: Communities and providers support physical, social and emotional health.

Priority 8: Information is available to support informed decisions and choices



Small Group Reports

W/M, P/I, C, A



Legislative Updates

DENNIS COOLEY, MD, CHAIR

KDHE

KMCHC MEMBERS



KANSAS
MATERNAL &
CHILD HEALTH

KMCHC Member Announcements

KDHE & KMCHC MEMBERS



KANSAS
MATERNAL &
CHILD HEALTH

Next Meeting Date

JULY 25, 2018



Closing Remarks

DENNIS COOLEY, MD, CHAIR